

Town of Arlington
Zoning Board of Appeals
51 Grove Street
Arlington, Massachusetts 02476
781-316-3396
www.arlingtonma.gov

#### LEGAL NOTICE

Notice is herewith given in accordance with the provisions of Section 3 (3.1.3) of the Zoning Bylaws that there has been filed by **339 Mass Avenue**, **LLC**, of Arlington, Massachusetts on **March 10**, **2020** for a hearing before the Zoning Board of Appeals. The appeal addresses the building permit issued for the property located at **339 Massachusetts Avenue**, **Arlington Massachusetts**, **Plan 031.0-0002-0019.0** Said petition would require "**Appeal from the Building Inspector**" of the Zoning Bylaw for the Town of Arlington.

Hearing in regard to the said petition will be remotely conducted via "Zoom" Tuesday evening, June 23, 2020 at 7:30 P.M or as soon thereafter as the petitioner may be heard. Please visit the Town of Arlington website for hearing information.

DOCKET NO 3621

Zoning Board of Appeals Christian Klein RA, Chair

## REQUEST FOR VARIANCE TOWN OF ARLINGTON

In the matter of the Application of <u>339 Mass Avenue</u>, <u>LLC</u> to the Zoning Board of Appeals for the Town of Arlington: Application for a variance is herewith made, in accordance with Section 10.12 of the Zoning Bylaw for the Town of Arlington, seeking relief from the following specific provisions of the Zoning Bylaw, and as described more fully in the attached form, Variance Criteria: <u>Petitioner was issued a Building Permit to proceed with the excavation, setbacks & footing forms on 10/25/2019</u>. The documents submitted by Petitioner with his Application for Building Permit estimated the costs for construction of a new garage at the 339 Mass Ave real estate and a check was issued to the Town of Arlington with respect to the Application for the Building Permit in the amount of \$3,000.00 in connection with the Petitioner's construction plans.

The Petitioner also submitted construction plans consisting of a certified plot plan of DLJ Geomatics, Professional Land Surveying, 276 North Street, Weymouth, MA 02191 depicting the proposed garage construction with the plan indicating a zero setback with respect to the construction. The property is in an R6 Zoning District and the prior Zoning Bylaw indicated that there was a zero setback requirement with respect to a Type 1 garage construction in an R District in accordance with Section 6.18 of the predecessor Zoning Bylaw.

Essentially under the predecessor Zoning Bylaw, Section 6.18, there was a zero setback for Type 1 garage construction in all R Zones.

The Zoning Bylaw was subsequently amended and it is now required and was required at the time the Building Permit was issued to the Petitioner that there is a setback requirement in an R6 Zone of ten (10) feet and that the zero setback standard only applies to an R1, R2 and R3 zone and not to an R6 zone as previously had been the case.

All of Petitioner's construction plans in connection his Application for Building Permit were submitted to the Building Department at the time Building Permit was issued by the Building Department and those plans were prepared by Khalsa Design Incorporated, 7 Ivaloo Street, Suite 400, Somerville, MA 02143 dated September 17, 2019 and Petitioner began construction activities for the garage.

A Stop Work Order was subsequently issued by the Building Department on 12/29/2019 in connection with the garage construction which had already progressed to excavation for foundation and substantial additional work before the Petitioner was made aware of the fact that the work could not go forward consistent with the plans approved by the Building Department because of the setback change from the predecessor Bylaw to the new Bylaw with respect to the zero setback requirement.

The Petitioner/Applicant states he/she/they is/are the owner occupant of the land in Arlington located at <u>339 Mass Avenue</u> with respect to such relief is sought; that no unfavorable action has

Variance Criteria- A variance may only be granted when all of the four criteria are met:

1). Describe the circumstances relating to the soil conditions, shape or topography which especially affect the land or structure (s) in question, but which do not affect generally the Zoning District in which the land or structure is located that would substantiate the granting of a variance.

It is Petitioner's position that it has proceeded through no fault of its own by having to undo its construction activities to date.

2). Describe how the literal enforcement of the provisions of the zoning ordinance relating to the circumstances especially affecting the land or structure in question would involve substantial hardship, financial or otherwise, to the petitioner.

There would be substantial hardship to the Petitioner as it has expended substantial monies in reliance upon the original Building Permit issued by the Building Department.

(Note that 2, hardship, must relate to the circumstances of the lot described in 1. For example a stone outcrop prohibits development consistent with zoning.)

3). Describe how desirable relief may be granted without substantial detriment to the public good.

Petitioner also suggests there would be no substantial detriment to the public good if its request for relief is granted because once again it commenced work in accordance with the Building Permit issued by the Building Department and further suggests that there would be no detriment to the public good if the requested relief is granted in light of its good faith efforts to comply with the Building Permit as issued and in further light of the substantial monies expended with respect to the construction activities to date at the site in reliance upon the Building Permit.

4). Describe how desirable relief may be granted without nullifying or substantially derogating from the intent or purpose of the zoning bylaw of the Town of Arlington.

Petitioner suggests that there would be no nullification or substantial derogation from the intent or purposes of the Zoning Bylaw of the Town of Arlington when one takes into account that Petitioner has acted in good faith, in connection with the garage construction to date and there will be no adverse impact upon abutting properties.

State law (MGL Ch. 40A) specifies that the ZBA must find that all four criteria are met in order to be authorized to grant a variance. If one of the standards is not met, the ZBA must deny the variance.

been taken by the Zoning Board of Appeals or its predecessors upon a similar petition regarding this property within the two (2) years next immediately prior to the filing hereof. The applicant expressly agrees to full compliance with any and all conditions and qualifications imposed upon this permission, whether by the Zoning Bylaw or by the Zoning Board of Appeals, should the same be granted. The Applicant represents that the grounds for the relief sought are as follows: Petitioner proceeded with its construction plans in good faith relying upon the issuance by the Building Department of a Building Permit to proceed with the construction and has spent approximately \$75,000.00 in connection with its construction plans to date and it would be grossly unfair to Petitioner to compel it to alter its building plans when it has "clean hands" in connection with the approach it has taken with regard to its construction plans.

Petitioner is requesting that the Zoning Board grant relief to it in accordance with the original plans as approved by the Building Department so that Petitioner will not suffer a substantial monetary loss with respect to the garage project once again, through no fault of its own.

E-Mail:	law@robertannese.com	Signed:	$\prod$		VV	$\bigvee$	M	M		M	1	Date:	
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Telephone: 781-646-4911 Address: 1171 Massachusetts Avenue, Arlington, MA 02476

#### TOWN OF ARLINGTON

Dimensional and Parking Information For application to The Zoning Board of Appeals

1.	Property Location: 339 Mass Avenue, Arlington, Massachusetts Zoning District: R6
2.	Present Use/Occupancy: No. of dwelling units (if residential)
3.	Existing Gross Floor Area (see definition of Gross Floor Area (GFA) in Article 2 of the Town of Arlington Zoning Bylaw and provide supporting documentation (worksheet) showing dimensions of GFA by floor: See Petitioner's construction plans submitted as part of this petition for

4. Proposed Use/Occupancy: Two (2) car garage No. of dwelling units (if residential) N/A

relief.

5. Proposed Gross Floor Area (see definition of Gross Floor Area in Article 2 of the Town of Arlington Zoning Bylaw and provide supporting documentation (worksheet) showing dimensions of GFA by floor): 1,359 square feet

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	Present Conditions	Proposed Conditions	Min. or max Required by Zoning
6. Lot size (sq. ft.)	10,323 sq. ft.	10,323 sq. ft.	min. 10,000 sq. ft.
7. Frontage (ft.)	45.94 sq. ft.	45.94 sq. ft.	min. 45 sq. ft.
8. Floor area ratio			max
9. Lot Coverage (%)	16.6%	29.7%	max
10. Lot Area per Dwelling Unit (Sq. ft.)			min
11. Front Yard Depth (ft.)			min
12. Left Side Yard Depth (ft.)		1 ft.	min. 10 ft.
13. Right Side Yard Depth (ft.)			min
14. Rear Side Yard Depth (ft.)	~~~~~	1 ft.	min. 10 ft.
15. Height (stories)		2 stories	max. 2 stories
16. Height (ft.)			max
17. Landscaped Open Space (% of GFA) Sq. ft			min. 10%
18. Usable Open Space (% of GFA) Sq. ft	45.2%	42.0%	min
19. Parking Spaces (number)			min. 2
20. Parking area setbacks			min
21. Loading Spaces (if applicable)			min
22. Type of construction	Wood	Wood	Wood

#### OPEN SPACE/GROSS FLOOR AREA

Refer to Zoning Bylaw Article 2, Definitions and Article 6, Dimensional Regulations

Address: 339 Mass Avenue, Arlington, Massachusetts

Zoning District: R6

EXISTING	PROPOSED
10,323 sq. ft.	10,323 sq. ft.
45.2%	42.0%
	10,323 sq. ft.

<sup>\*</sup>Usable Open Space must be at least 75% open to the sky, free of automotive, traffic and parking, and readily accessible. Open space shall be deemed usable only if: 1) at least 75% of the area has a grade of less than 8% and no horizontal dimension less than 25 feet.

 ,
 1,359 sq. ft.
1,359 sq. ft.

#### REQUIRED MINIMUM OPEN SPACE AREA

Reviewed by Inspectional Services	Date:
This worksheet applies to plans dated	designed by
Proposed Landscaped Open Space Percent of GFA	n/a
Proposed Usable Open Space Percent of GFA	42.0%

1394  1394  1394  1394  1394  1394  1394  1396  1394	Rec'	TOWN OF ARLINGTON INSPECTORS OF BUILDING, PLUMBING AND WIRE 51 GROVE STREET, ARLINGTON, MA 02476 TELEPHONE: (781) 316-3390  No. 35273  Date 10 25 20 19  defrom Consumer Consumer Tess 23 Consumer Consumer
COLUMN HEALTH, LLC  SOB MASSACHUSETTS AVE ARLINGTON MA 024745718  PAY TO THE ORDER OF TOWN OF ARLINGTON OF ARRINGTON OF ARLINGTON OF ARLINGTON OF ARLINGTON OF ARRINGTON OF ARRINGTON OF ARRINGTON OF ARRINGTON OF ARLINGTON OF ARRINGTON OF AR	FOR 3399 PERMIT FUE GARAGE.  FOR 3399 PERMIT FUE GARAGE.  FOR 3399 PERMIT FUE GARAGE.  FOR 3399 PERMIT FUE GARAGE.	CASH CHECK AMOUNT  329 Magr Que 3600 —  Customer - White Inspector - Blue

This card must be visible from the street and accessible for the inspector to sign.

## TOWN OF ARLINGTON BUILDING CARD Joh Addrage: 339 MASSACHUSETTS AVENUE

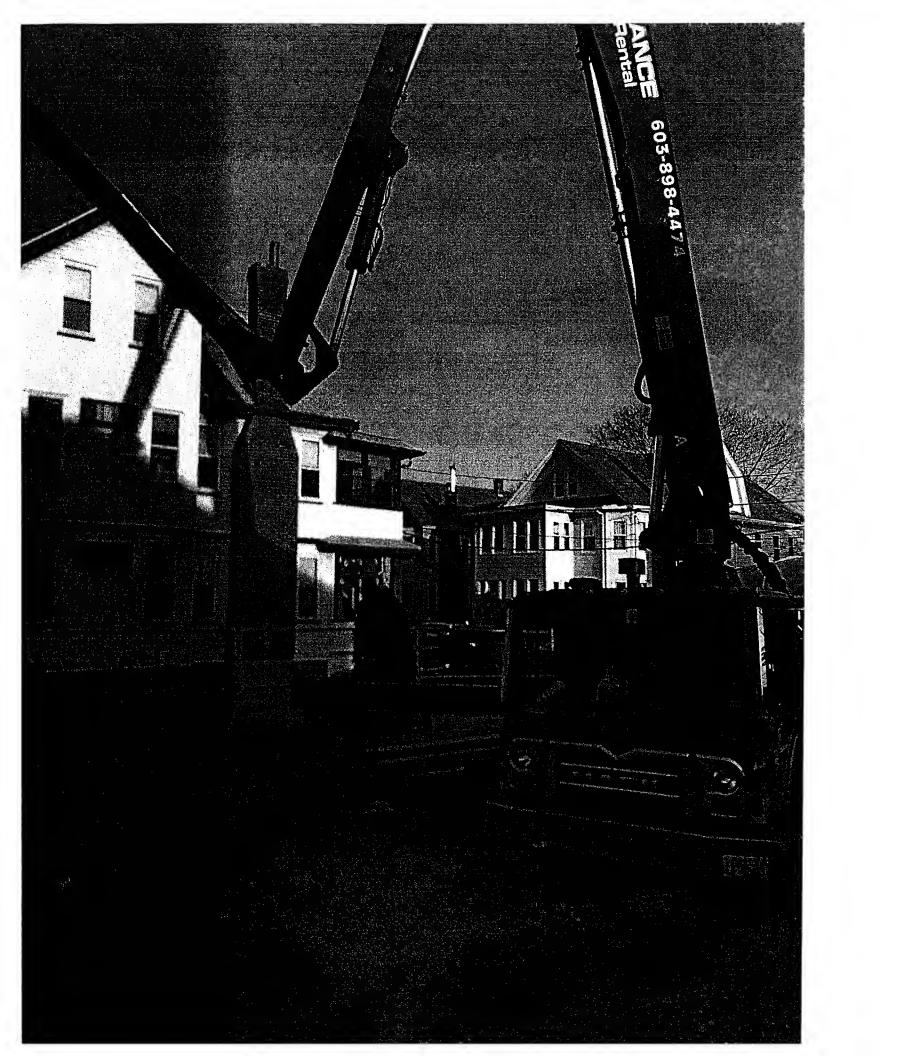


Conditions: SEE PLANS	The state of the s	
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Building Permit No.: B35273  Dwner: COLIN BEATTY  Contractor: DELARDA CARPE		Date Issued 10-25-201
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Contractor: DELIANDA CARPE	INIRI	
	inspector must sign all applicable space	es
Inspection	Approved	Not Approved
EXCAVATION, SETBACKS, & FOOTING FORMS	1-1-20 15/2	
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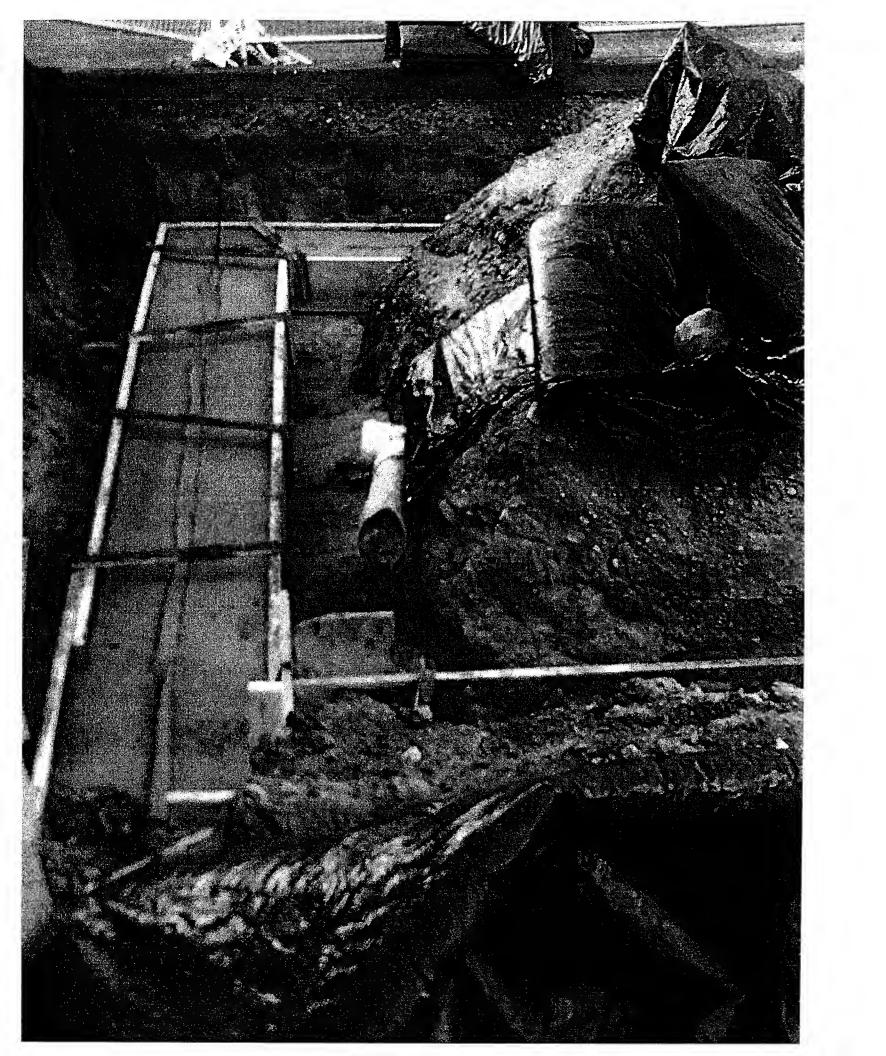
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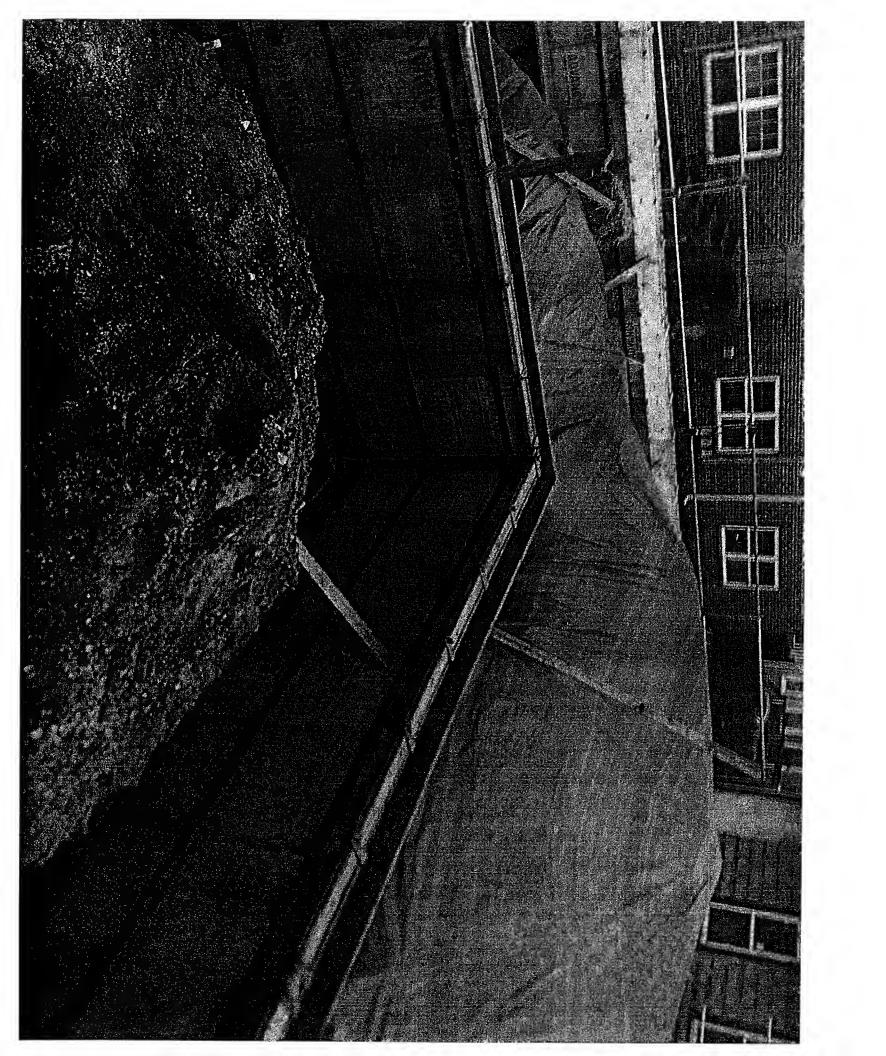
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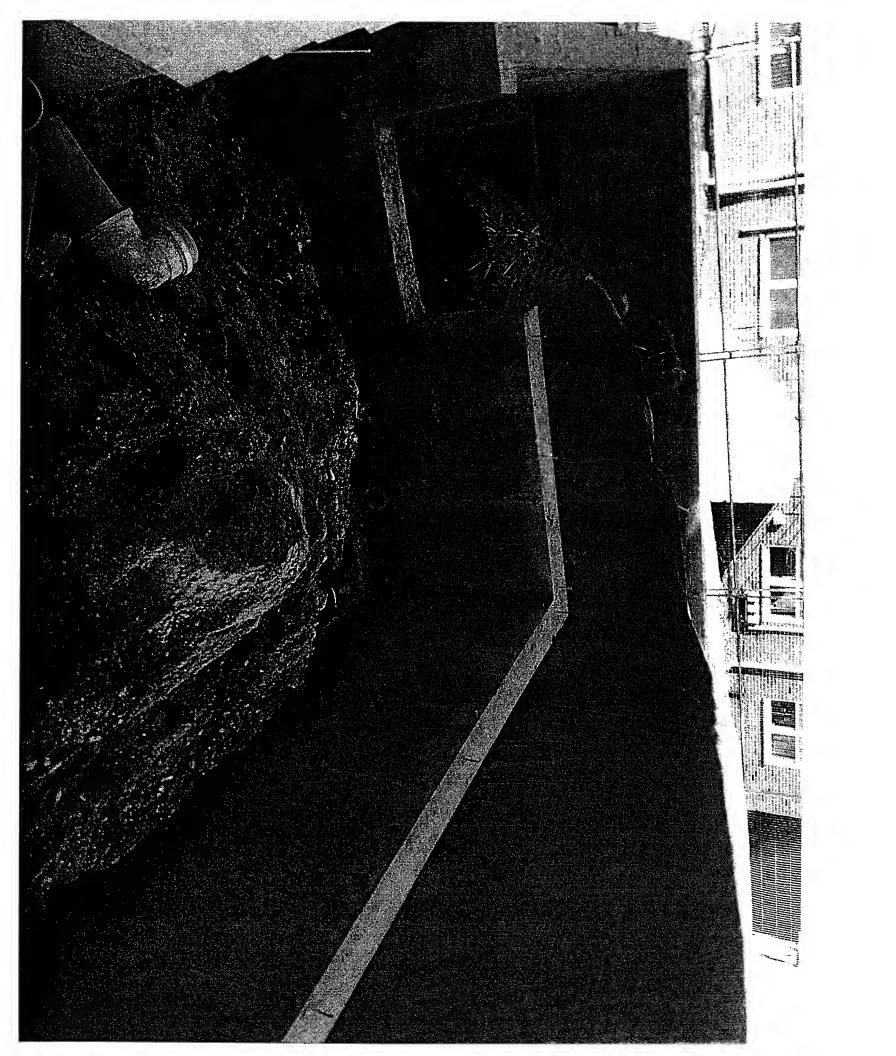


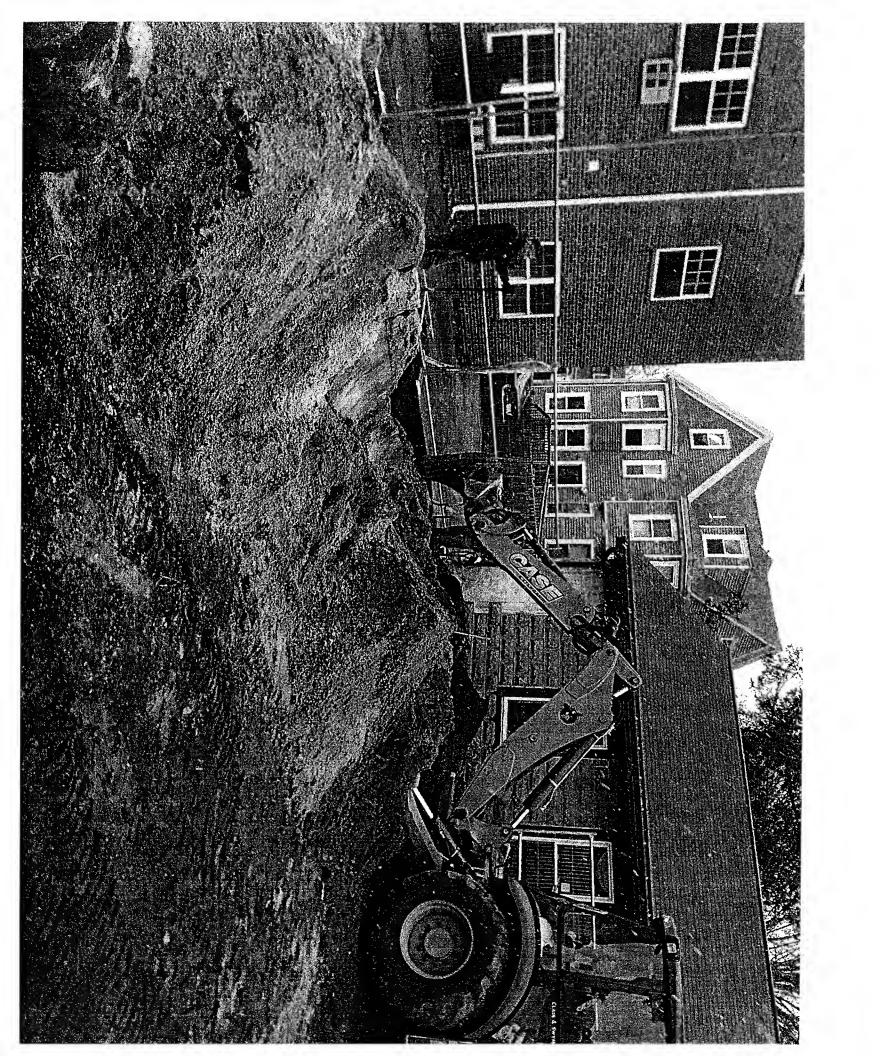


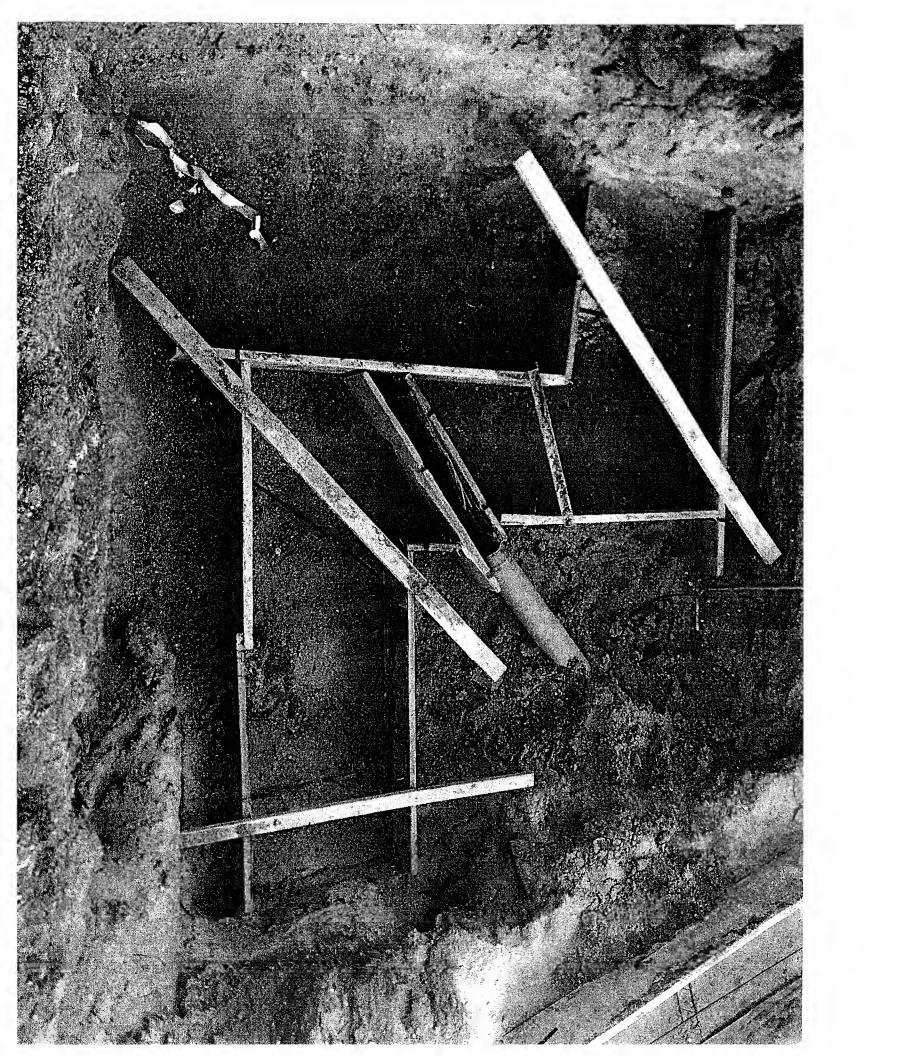


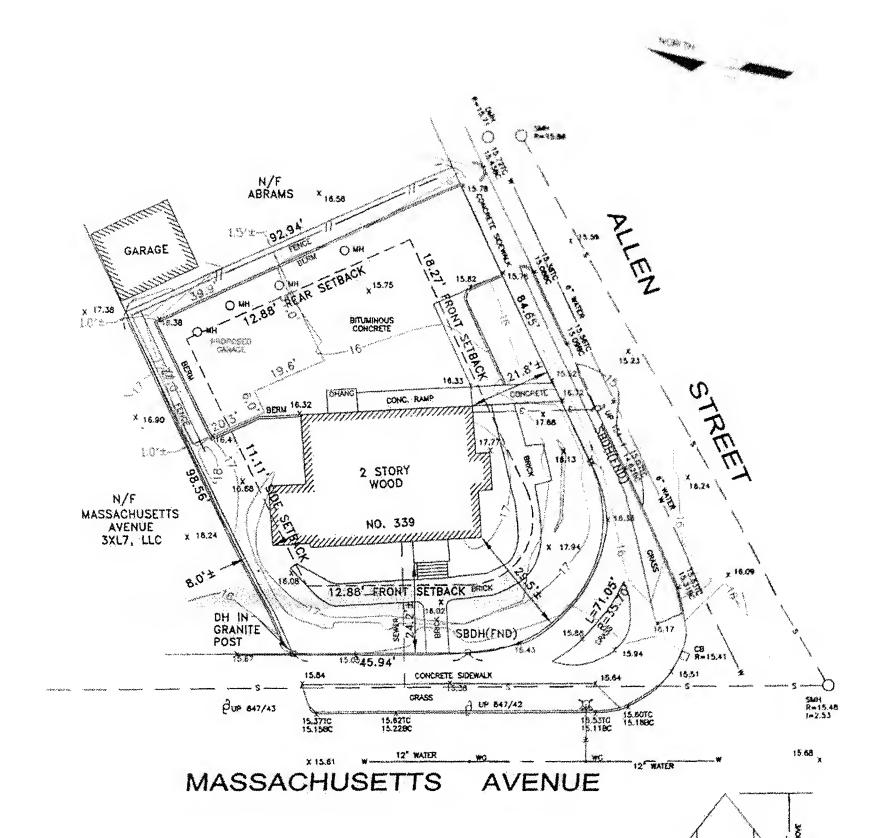






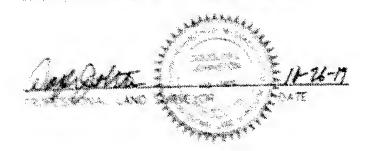






LOT AREA = 10,323 S.F.±
EXISTING BUILDING = 1,711 S.F.±
EXISTING PAVEMENT + WALK = 3,945 S.F.±
PROPOSED ADDITION = 1,359 S.F.±
EXISTING LOT COVERAGE = 16.6%
PROPOSED LOT COVERAGE = 29.7%
EXISTING OPEN SPACE = 45.2%
PROPOSED OPEN SPACE = 42.0%

NOTES
SEE DEED RECORDED IN MIDDLESEX COUNTY REGISTRY
SEE DEEDS IN DEED BOOK 84673, PAGE 528
SEE PLAN SECONDED IN MIDDLESEX COUNTY REGISTRY
SE SEEDS IN PLAN BOOK 283, PAGE 17
3 SUBJECT PARCEL IS LOCATED IN ZONE R6.





AVERAGE GRACE - 1821"

( IN FEET )
1 inch = 20 ft.

CERTIFIED PLOT PLAN
IN
ARLINGTON, MA

SCALE: 1" = 20' OCTOBER 18, 2019

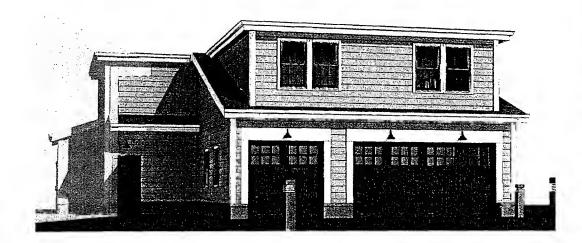
DLJ GEOMATICS

PROFESSIONAL LAND SURVEYING 276 NORTH STREET WEYMOUTH, MA 02191 (781) 812-0457

339 WASS AVE ARLINGTON dwg

## PROPOSED COLUMN HEALTH GARAGE

339 MASSACHUSETTS AVEUNE, ARLINGTON, MA 02474



### **PERMIT SET** 10-16-2019



#### PREPARED BY:

ARCHITECT KHALSA DESIGN INC. 17 IVALOO STREET, SUITE 400 SOMERVILLE, MA 02143 T:(617)-591-8682

CLIENT COLUMN HEALTHCARE 339 MASSACHUSETTS AVE ARLINGTON, MA 02474

<u>CIVIL</u> **DLJ GEOMATICS**276 NORTH STREET WEYMOTH, MA 02191 T:(781)-812-0457

Architectural Drawing List				
Sheet Number	Sheet Name	Sheet Issue Date		
A-000	Cover Sheet	110/08/19		
C-1	Existing Site Plen	10/08/19		
A-001	General notes and Abbreviations	10/08/19		
A-020	Architectural Site Plan	10/08/19		
A-101	Floor Plans	10/08/19		
A-102	Lift & Stair Plans & Sections	10/08/19		
A-103	Roof Plan	10/08/19		
A-300	Elevations	10/08/19		
A-400	Building Sections & Wall Types	10/15/19		
AV-1	Perspective	10/08/19		

PROJECT NAME

Column Health

PROJECT ADDRESS 339 Mass Ave Arlington,

CLIENT

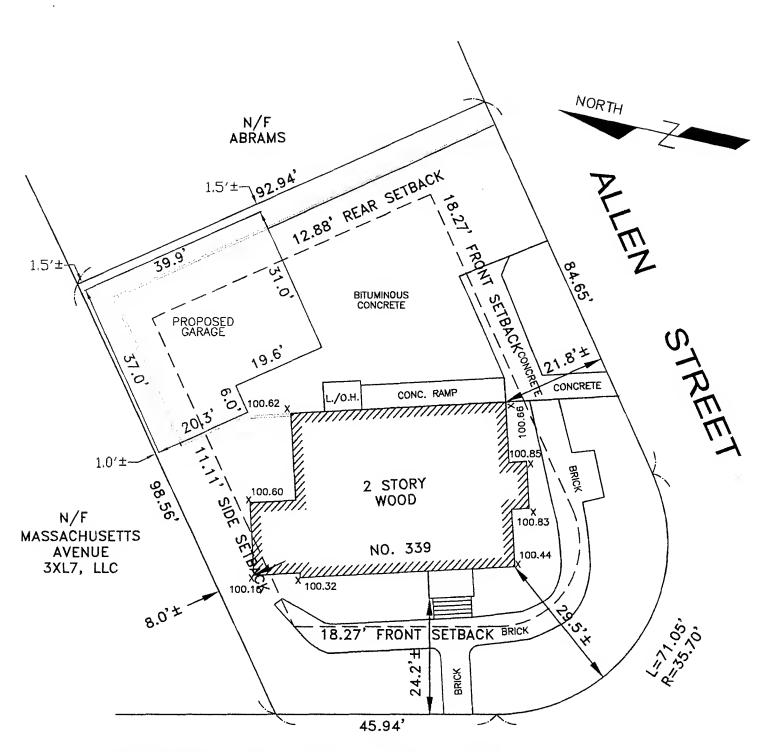
Column Health



17 IVALOO STREET SUITE 400 SOMERVILLE, MA 02143 TBLEPHONE: 617-591-8682 FAX; 617-591-2086

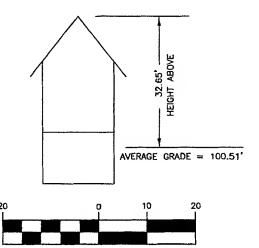


Cover Sheet



## MASSACHUSETTS AVENUE

LOT AREA = 10,323 S.F.± EXISTING BUILDING = 1,711 S.F.± EXISTING PAVEMENT + WALK = 3,945 S.F.± PROPOSED ADDITION = 1,359 S.F.± EXISTING LOT COVERAGE = 16.6% PROPOSED LOT COVERAGE = 29.7% EXISTING OPEN SPACE = 45.2% PROPOSED OPEN SPACE = 42.0%



( IN FEET )
1 inch = 20 ft.

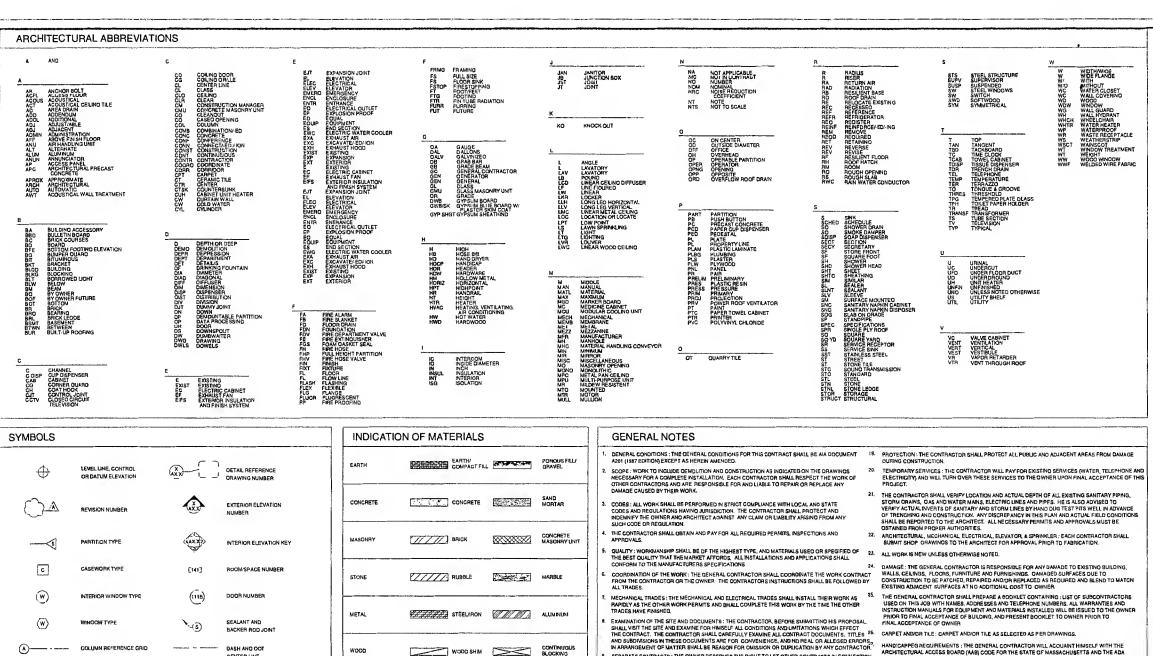
CERTIFIED PLOT PLAN IN ARLINGTON, MA

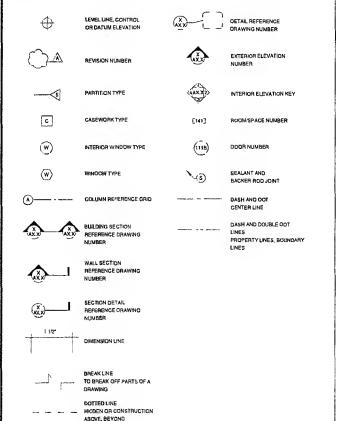
SCALE: 1" = 20' OCTOBER 2, 2019

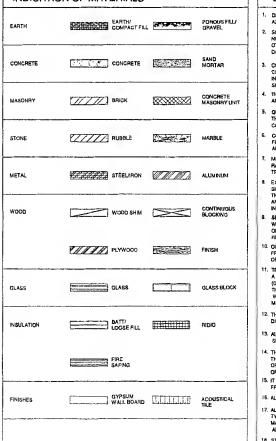
DLJ GEOMATICS
PROFESSIONAL LAND SURVEYING
276 NORTH STREET
WEYMOUTH, MA 02191
(781) 812-0457
339 MASS AVE ARLINGTON.dwg

#### NOTES

- 1. SEE DEED RECORDED IN MIDDLESEX COUNTY REGISTRY OF DEEDS IN DEED BOOK 64673, PAGE 528.
- 2. SEE PLAN RECORDED IN MIDDLESEX COUNTY REGISTRY OF DEEDS IN PLAN BOOK 283, PAGE 17.
- 3. SUBJECT PARCEL IS LOCATED IN ZONE R6.







- SEPARATE CONTRACTS: THE OWNER RESERVES THE RIGHT TO LET OTHER CONTRACTS IN CONNECTION WITH THE WORK. THE CEMERAL CONTRACTOR SHALL AFFORD OTHER CONTRACTORS REASONABLE OPPORTUNITY FOR THE EXECUTION OF THER WORK AND SHALL PROPERLY CONNECT AND COORDINATE, INS WORK WITH THEIRS.
- OUARNITEE: ALL MATERIALS AND WORKMANSHIP SHALL BE GUARANITEED FOR A PERIOD OF ONE YEAR FROM THE OATE OF FRAIL ACCEPT ANCE UNLESS SPECIFIED OTHERWISE FOR A LONGER PERIOD OF TIME ON CERTAIN TEMS.
- 1. TRASH REMOVAL; PRIGH TO STARTING WORK, THE GENERAL CONTRACTOR SHALL PROVIDE A CONSTRUCTION OUMPSTER AND PICKUP SERVICE FOR ALL CONSTRUCTION DEBRIS (DUMPSTER LOCATION TO BE COORDINATED WITH THE COWNER.) AT THE END OF EACH DAY, THE OBERES REGOL THE SITE AND OR WITHIN THE REMOVE ALL TRASH AND DEBRIS REGOL THE SITE AND OR WITHIN THE BULDION. IF TRASH AND OBERMS ARE NOT REMOVED THE OWNER MAY (AT HIS OPTION) PAYFOR THE REMOVAL AND BACK CHARGE THE CONTRACTOR.
- THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONOTIONS AT THE SITE AND REPORT ANY DISCREPANCIES TO THE ARCHITECT BEFORE PROCEEDING WITH THE WORK.
- ALL SECTIONS, DÉTALS, MATÉRIALS, METHODS, ETC. SHOWN AND/OR NOTEO ON ANY PLAN OR SECTION SHALL APPLY TO ALL OTHER SIMILAR LOCATIONS UNLESS OTHERWISE NOTEO.
- 14. THE DENERAL CONTRACTOR SHALL SAFELY SHORE, BRACE, OR SUPPORT ALL WORK AS REQUIRED. THIS WORK SHALL BE THE FILL RESPONSIBILITY OF THE CONTRACTOR AND NO ACT, ORECTION, OR REVIEW OF ANY SYSTEM OR METHOD BY THE ARCHITECT SHALL RELEVE THE CONTRACTOR
- 5. IT IS NOT THE INTENT OF THESE DRAWINGS TO SHOW NOR INDICATE ANY OR ALL FASTENING OR FRAMIND TECHNIQUES (DEVICES, NOR BE ABLE TO SHOW ALL CONDITIONS PRESENT.
- 6. ALL WORK IS NEW UNLESS OTHERWISE NOTED.
- ALL WALLS AND CEIUNDS TO BE 5/8/n FIRE CODE OR 1/2/n GYPSUM BOARD, 5/8/n MOISTURE RESISTAN TYPE X OR SOME CEMENT BOARD. FINISH AND TEXTURE TO BE SELECTED BY OWNER. MATERIAL AS MANUFACTURED BY LISS OFFSUM OR EQUAL FINISH (CEMENT ACCESSORIES AND TAPE OR SKIM CDAT) ALL JOHTS AND MALE HEADS READY FOR PAINT, TILE, WOOD TIME, WOOD FRANCING.
- . STORAGE : THE CONTRACTOR SHALL PROVIDE ON SITE WEATHER PROTECTED STORAGE SPACE, I E.: TRAILER STORAGE OF CONSTRUCTION MATERIALS IN THE EXISTING BUILDING WILL NOT BE PERMITTED

HANDICAPPED REQUIREMENTS : THE GENERAL CONTRACTOR WILL ACQUAINT HIMSELF WITH THE ARCHITECTURAL ACCESS BOARD (AMB) CODE FOR THE STATE OF MASSAGHUBETTS AND THE ADA (AMERICANS WITH DISABLITES ACT) TO FENDER THAT THIS FACLITY WILL BE ACCESSIBLE.

SPRINKLER HEAD LOCATION : REFER TO N.F.P.A. STANDARDS. SPRINKLER HEADS TO BE LOCATED PER CODE. SHOP DRAWINGS ARE REQUIRED TO BE SUBMITTED TO THE CONTRACTOR FOR APPROVAL PRIOR TO INSTALLATION.

- THE DENERAL CONTRACTOR SHALL COORDINATE THE LOCATION AND SIZE OF DPENINGS FOR VENTS, PIPES, INSERTS, BOXES, HANDERS, ETC.
- ALL INTERIOR FINISHES AND FURNISHINGS FOR CEILINGS, WALL AND FLOORS SHALL BE CLASS 1/n WITH A FLAME SPREAD RATING OF 0 TO .25
- 31. SUBMIT SAMPLES OF ALL PAINTS AND STAINS FOR APPROVAL PRIOR TO APPLICATION
- 32. BEFORE COMMENCING WORK, THE GENERAL CONTRACTOR WILL MEET WITH THE APPOINTED COMPAN REPRESENTATIVE TO GUTLINE PHASING OF CONSTRUCTION AND DISPOSITION OF EXISTING CONSTRUCTION MATERIALS ANDOR SQUIMEMENT.
- 33. ALL WOODS BLOCKING TO DE PRESSURE TREATED, FIRE RETAROANT

PROJECT NAME

Column Health

MA

PROJECT ADDRESS 339 Mass Ave Arlington,

CLIENT

Column Health

ARCHITECT



17 IVALOO STREET SUITE 400 SOMERVILLE, MA 02143 TELEPHONE: \$17-591-8882 FAX: \$17-591-2086

CONSULTANTS:

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THESE DRAWNIDS ARE NOW AND DG
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IN WHOLE OR IN MAIT WITHOUT EXPRESS
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OF PROSECUTION UNDER LAW



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General notes and **Abbreviations** 

> **A-00**1 Column Health

#### Column Health

PROJECT ADDRESS 339 Mass Ave Arlington, MA

Column Health

ARCHITECT



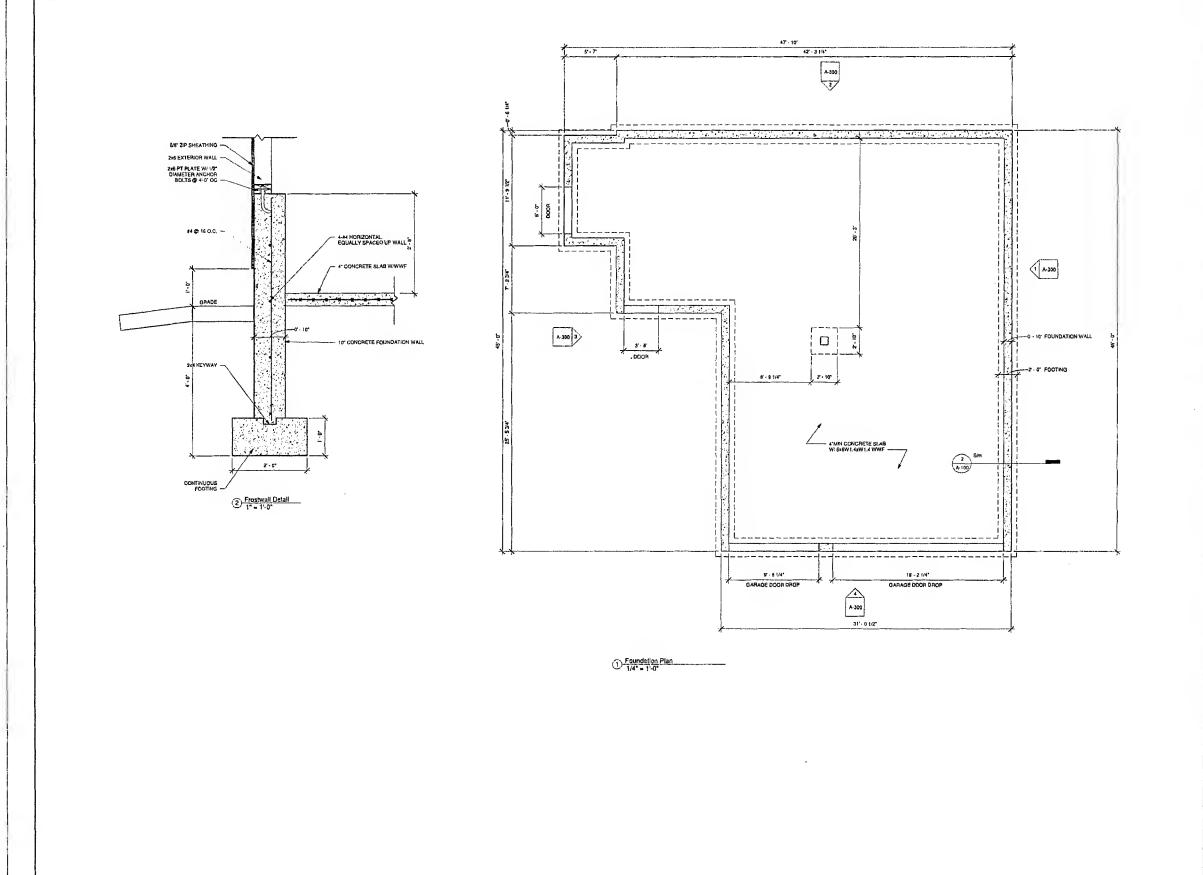
17 IVALOO STREET SUITE 400 SOMERVILLE, MA 02143 TELEPHONE: 617-591-8882 FAX: 617-591-2086

CONSULTANTS:



Project number
Date
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Scale
REVISIONS

Architectural Site Plan



Column Health

PROJECT ADDRESS 339 Mass Ave Arlington, MA

CLIENT

Column Health

ARCHITECT



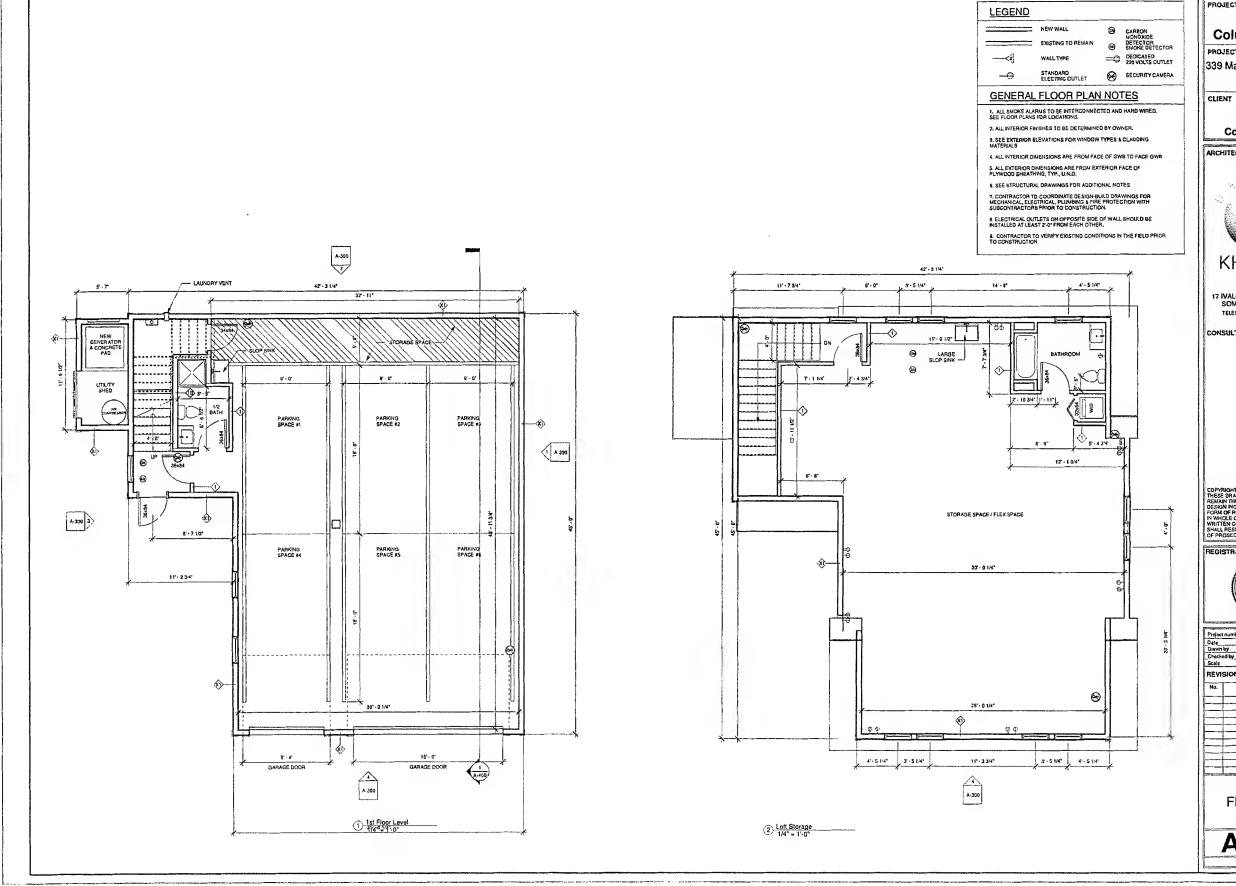
17 IVALOO STREET SLITE 400 SOMERVILLE, MA 02143 TELEPHONE: 617-591-5692 FAX: 617-591-2086

CONSULTANTS:



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Foundation Plan



Column Health

PROJECT ADDRESS 339 Mass Ave Arlington,

Column Health

ARCHITECT



17 IVALOO STREET SUITE 400 SOMERVILLE, MA 02143

CONSULTANTS:

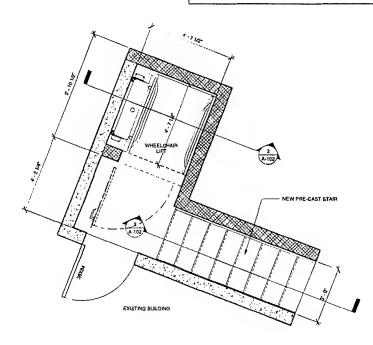


SCHOOL SHOWING
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Ko
1/4" • 1'-0"

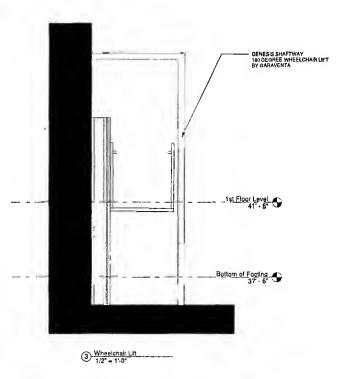
Floor Plans

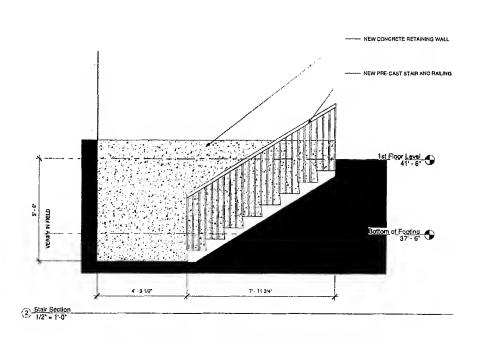
A-101 Column Health

GARAVENTA GENESIS SHAFTWAY: STRAIGHT THROUGH (180 DEGREE) Massachusetts Specific Configuration



1/2" = 1'0"





PROJECT NAME

Column Health

PROJECT ADDRESS 339 Mass Ave Arlington, MA

CLIENT

Column Health



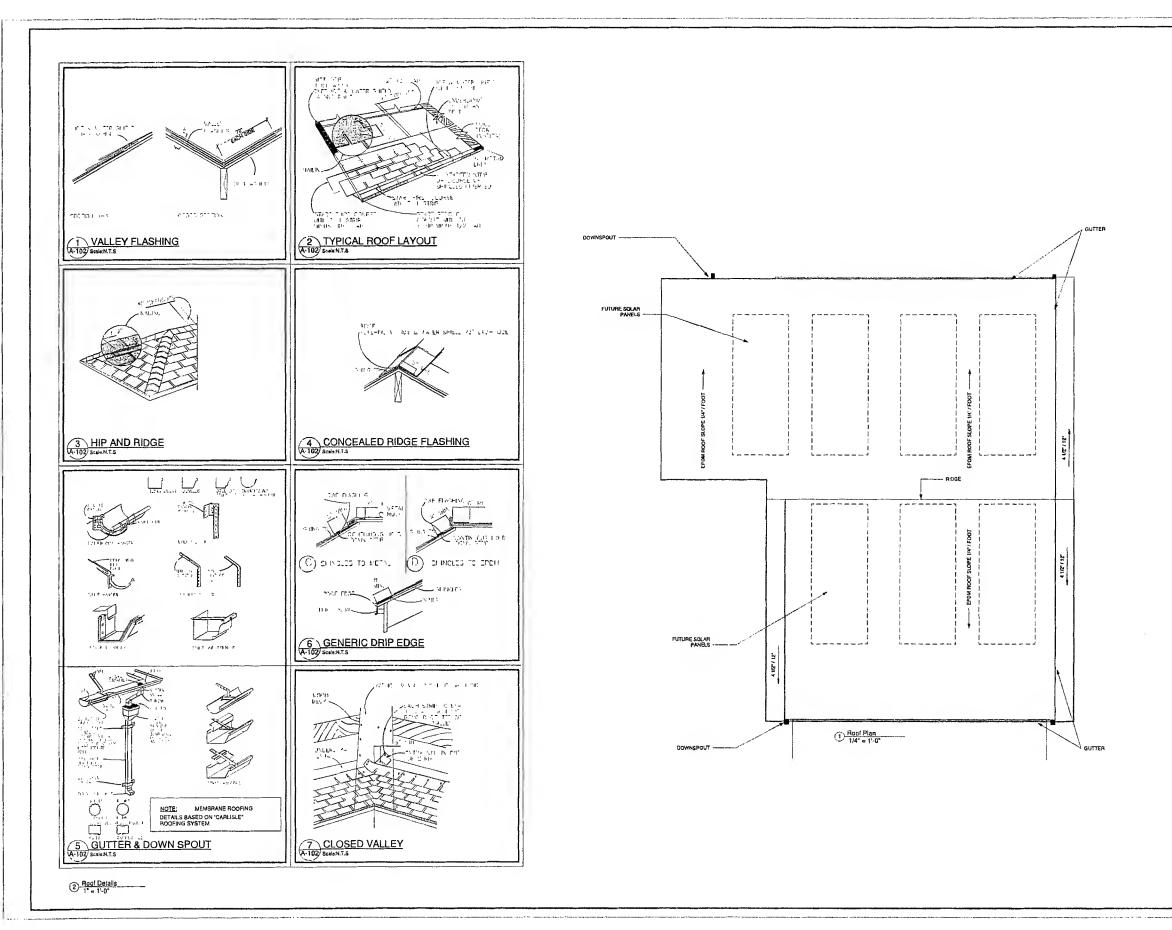
17 IVALOO STREET SUITE 400 SOMERVILLE, MA 02143 TELEPHONE: 617-591-5602 FAX: 617-591-2086

CONSULTANTS:



Project nu	mber	19109
Date		P/17/2019
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REVISI	ONS	
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Lift & Stair Plans & Sections



Column Health

PROJECT ADDRESS 339 Mass Ave Arlington, MA

CLIENT

Column Health



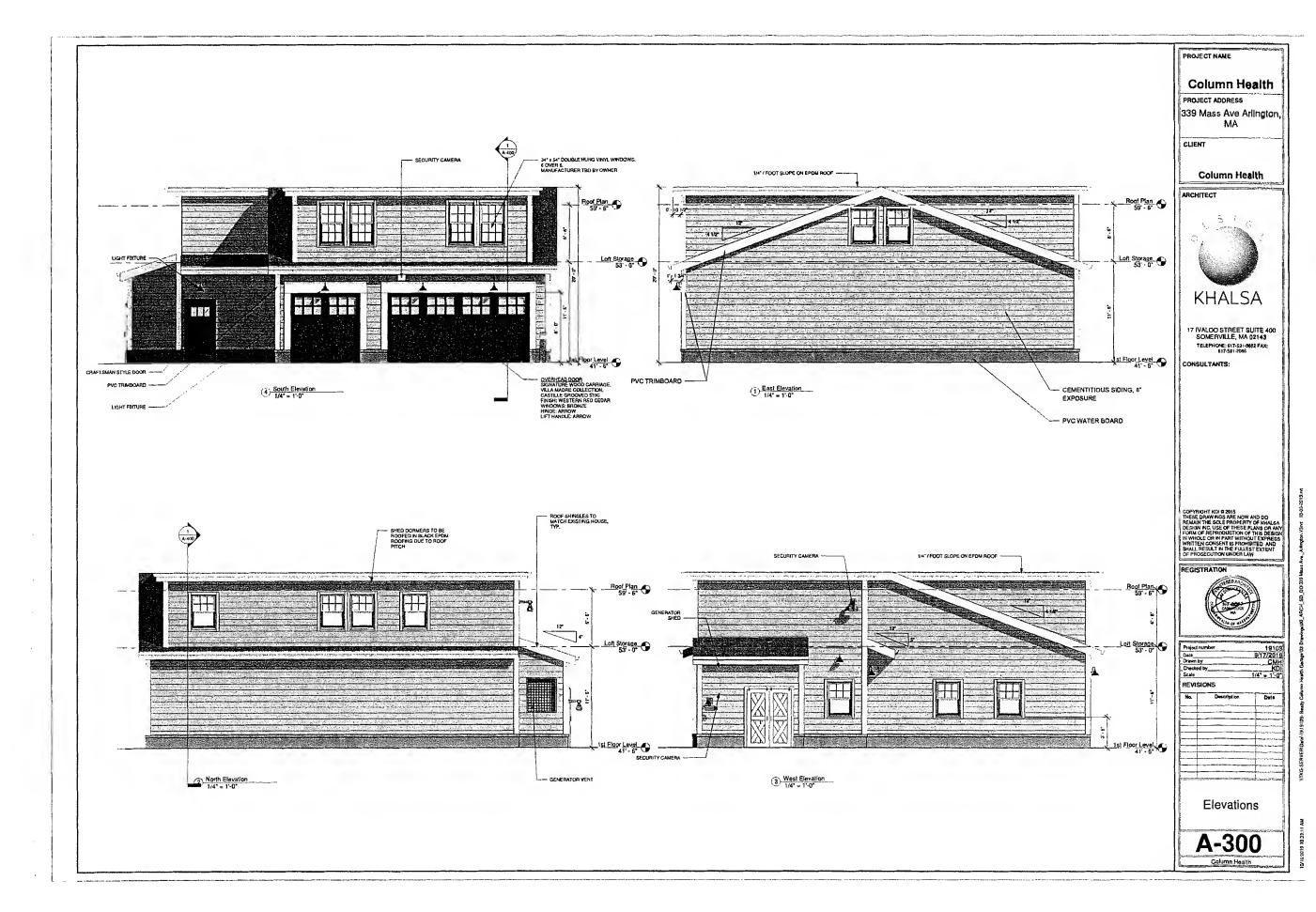
17 IVALOO STREET SUITE 400 SOMERVILLE, MA 02143 TELEPHONE: 617-591-8682 FAX: 617-591-2086

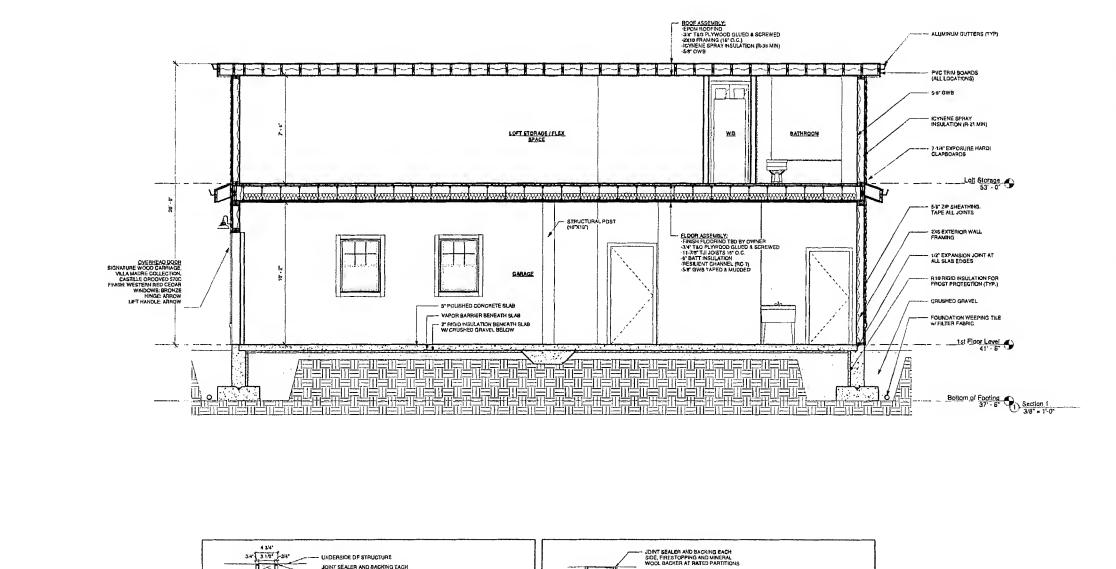
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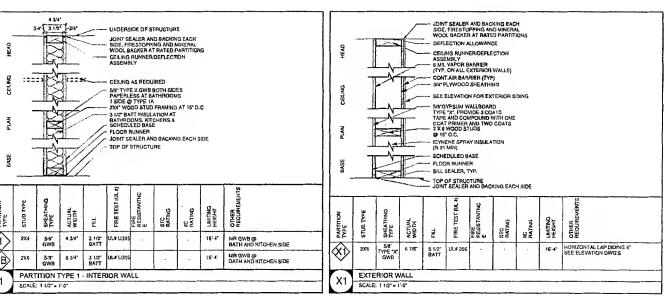


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Roof Plan







Column Health

PROJECT ADDRESS 339 Mass Ave Arlington, MA

CLIENT

Column Health



17 IVALOO STREET SUITE 400 SOMERVILLE, MA 02143 TELEPHONE: 617-591-8682 FAX: 617-591-2086

CONSULTANTS:



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Building Sections & Wall Types

**A-400** Column Health

Column Health

PROJECT ADDRESS 339 Mass Ave Arlington, MA

CLIENT

Column Health

ARCHITECT



17 IVALOO STREET SUITE 400 SOMERVILLE, MA 02143 TELEPHONE: 617-591-8662 FAX: 617-591-2086

CONSULTANTS:



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	9/17/2019
	CMH
y	KDI.
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Description	Dete
	ons

Perspective

AV-1 Column Health



Issuing Authority (circle one):

Contact Person:

6. Other

# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers Please Print Legibly **Applicant Information** Christopher Delarda Name (Business/Organization/Individual):\_ 23 Capron st Address: uxbridge, MA 01569 Phone #: 508-509-7596 City/State/Zip: Are you an employer? Check the appropriate box: Type of project (required): 1. I am a employer with \_\_\_\_\_ 4. I am a general contractor and I 6. New construction employees (full and/or part-time).\* have hired the sub-contractors 7. Remodeling listed on the attached sheet. 2. I am a sole proprietor or partner-These sub-contractors have 8. Demolition ship and have no employees employees and have workers' working for me in any capacity. 9. Building addition comp. insurance,‡ [No workers' comp. insurance 10. Electrical repairs or additions 5. We are a corporation and its required.] officers have exercised their 3. I am a homeowner doing all work 11. Plumbing repairs or additions right of exemption per MGL myself. [No workers' comp, 12. Roof repairs c. 152, §1(4), and we have no insurance required.] † 13. Other employees. [No workers' comp. insurance required.] \*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information. † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such. <sup>‡</sup>Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number. I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information. Insurance Company Name: Policy # or Self-ins. Lic. #: Expiration Date: Job Site Address: City/State/Zip; Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification. I do hereby certify under the pains and penallies of perjury that the information provided above is true and correct. Signature: Date:10/17/19 508-509-7596 Phone #: Official use only. Do not write in this area, to be completed by city or town official. City or Town: \_\_\_\_\_\_Permit/License #\_\_\_

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector

Phone #:\_



## The Commonwealth of Massachusetts Department of Public Safety Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling									
(This Section For Official Use Only)									
Building Permit Number: Date Applied: Building Official:									
SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available					ilable)				
	339 mass ave Arlington MA 02474								
No. and Street	City /T			Code	•	Name	e of Buildi	ing (if applica	ble)
1vo, and Street	City / i		TION 2: PR		MORK			O C II	
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	e Code used 2015							·/···	
Existing Building I	□ Repair □   A	Alteration D	Addition				ill out and	d submit App	andix 1)
	☐ Change of Oc	The second secon		ther D S					
Is an Independent	and/or constructi Structural Enginee of Proposed Work:_	ring Peer Revi	ew required	!?			`	es ☑ No Yes □ No and plot plan	
SECTION 3: C	OMPLETE THIS S		XISTING B				ENOVAT	ION, ADDIT	ION, OR
Check here if an R	xisting Building Ir			***************************************			) []		***************************************
the same of the sa	p(s);		-			Use Grou			
			4: BUILDIN						<del>//////////////////////////////////</del>
	Existing Proposed								
No. of Floors/Stor	ies (include basem	ent levels) & A	rea Per Floo	or (sq. ft.)					
Total Area (sq. ft.)	and Total Height (	(t.)							
			: USE GRO	UP (Check	c as appli	cable)	<u></u>		
A: Assembly A-1	□ A-2 □ Nighto			<del></del>		3: Busines	s 🛚	E: Educ	ational 🗆
F: Factory F-1		· · · · · · · · · · · · · · · · · · ·	gh Hazard	H-1	<del></del>		Н-3 🗆	H-4 🗆	H-5 🛘
	1		ercantile 🗆	·	R: Resi		·	-2  R-3  D	R-4 🗆
S: Storage S-1 🗆	S-2 🗆	U: Ut	ility 💢		Special	Use 🗆 and	please de	scribe below:	
Special Use:		THE CONTRACT OF THE PARTY OF TH	TOWN I CTU	ON TWEE	//*\	1: 1: 1		N <del>orra </del>	
		CTION 6: COI	·····	attacher and a second s	indiana de la constitución de la				<del>_</del>
IA 🗆 IB I		******		IIIA 🗆	IIIB		L_	, <del>, , , , , , , , , , , , , , , , , , </del>	<u> X</u>
	SECTION 7: SI	TE INFORMA	TION (refe	r to 780 C	MR 111.0	for details	on each i		
Water Supply: Flood Zone Information: Public ☑ Check if outside Flood Zone ☑ Private □ or indentify Zone:		Indicate municipal I requ		Trench Permit:  A trench will not be required $\square$ or trench permit is enclosed $\square$ Debris Remova  Licensed Disposal 5  or specify:					
Railroad rig	*		irds to Air N	_		MAL		nmission Revie	
Not App		Is Structure	-	~ ~	ch area?	1.		eview comple	ted?
or Consent to Br		TION 8: CON	Yes O or i		TEOFO	CCUDAN	Yes		***************************************
Table 100 1	<u> </u>						·		
1	3015 Use Grou							per Floor:	
voes the building	contain an Sprinkl	er System (: A	Spec	ciai Supula	nons:			· · · · · · · · · · · · · · · · · · ·	

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TY OWNER AUTHORIZATIO	JN	
Name and Address of Property 339 Mass Avenue LLC.	Owner 339 Mass ave,	Arlington		02407
Name (Print)	No. and Street	City/Town	· · · · · · · · · · · · · · · · · · ·	Zip
Property Owner Contact Inform  Co Colin Beatty  Title  If applicable, the property owner  Christopher Delarda	Telephone No. (business	7 617-710-6488 (ss) Telephone No. (cell)		column heal tip. Laddress 01569
Name	Street Addre		State	Zip
to act on the property owner's b		to work authorized by this buil N CONTROL (Please fill out A		ication.
(If building is less than 35,000	cu. ft. of enclosed space and/or	not under Construction Control th		d skip Section 10.1)
10.1 Registered Professional Re	esponsible for Construction	n Control		
Name (Registrant)	Telephone No.	e-mail address	Registration N	Jumber
Street Address	City/Town	State Zip	Discipline	Expiration Date
10.2 General Contractor				
Christopher Delarda Carpentr	у			
Company Name Christopher Delarda		CS-112688	Unrestricted CS	SL.
Name of Person Responsible fo		License No. and Ty	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	application of the second seco
Street Address	enter de la company de la comp	City/Town	war	†p
the first of the f	508 509 7596	* '	la@gmail.com	<b>^r</b>
Telephone No. (business)	Telephone No. (ce	11)	e-mail address	
SECTION 1	1: WORKERS COMPENSATIO	ON INSURANCE AFFIDAVIT (M.		
submitted with this application	n. Failure to provide this af	ne MA Department of Industria ffidavit will result in the denial ith this application?		
	SECTION 12: CONSTRU	JCTION COSTS AND PERMI	TFEE	
Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (	from Item 6) = \$_	225,000
1. Building	\$ 150,000.00	Building Permit Fee = Total		
2. Electrical	1\$ 50,000.	appropriate mus	nicipal factor) = \$	The part of American Conference of the Conferenc
3. Plumbing	\$ 30,000	Note: Minimum fee =	\$ (contar	rt municipality)
4. Mechanical (HVAC) 5. Mechanical (Other)	\$ 15,000 00			,
6. Total Cost		Enclose check payable to	14	1.0761
***************************************	1\$ 225,000	(contact municipality) and w		here <u>/ 347</u>
·		OF BUILDING PERMIT APP		mm anniatur 2 tu 41 tu
By entering my name below, I's application is true and accurate			n or the informat	on contained in this
Christopher Delarda	ON	3	608 509	7596 10/17/19
Please print and sign name 23 Capron	St.	Title Uxbridge	Telephor MA 01569	ne No. Date
Street Address	· Address Andrews Andr	City/Town	· · · · · · · · · · · · · · · · · · ·	îp
			**************************************	,
Municipal Inspector to fill out	this section upon applicati	on approval:Na	me	Date
		7 470	n - + **	aur 25,7474

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## Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

No.  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21		Mark "x" where applicable					
	Item	Submitted	Incomplete	Not Required			
1	Architectural	X					
2 .	Foundation	X					
3 .	Structural	X					
4	Fire Suppression		(a)	Ö			
5	Fire Alarm (may require repeaters)		- 0				
6	HVAC		<u> </u>				
7	Electrical	<u> </u>					
8	Plumbing (include local connections)	X		· · · · · · · · · · · · · · · · · · ·			
9	Gas (Natural, Propane, Medical or other)	X					
10	Surveyed Site Plan (Utilities, Wetland, etc.)	X					
11	Specifications	X					
12	Structural Peer Review	- CAY		<u> </u>			
13	Structural Tests & Inspections Program	-		0			
14	Fire Protection Narrative Report			Ŏ			
15	Existing Building Survey/Investigation			0			
16	Energy Conservation Report	X					
17	Architectural Access Review (521 CMR)			0			
18	Workers Compensation Insurance	X					
19	Hazardous Material Mitigation Documentation			Ö			
20	Other (Specify)	·					
21	Other (Specify)						
22	Other (Specify)						

<sup>\*</sup>Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to triple the original permit

## **Registered Professional Contact Information**

Christophe, Dela Name (Registrant)  23 Capion St  Street Address	Telephone No.  City/Town	e-mail address  bridge MA 0/56  State Zip	Registration Number
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

COLUMN HEALTH, LLC

339 MASSACHUSETTS AVE
ARLINGTON MA 02474-6718

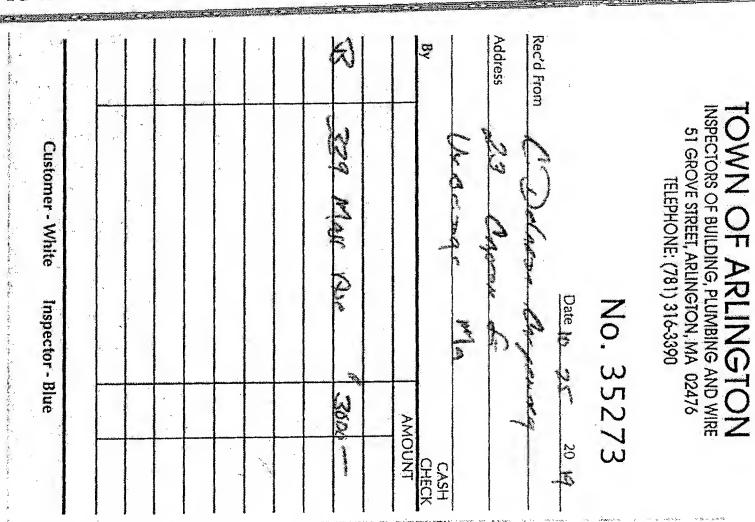
DATE 10-17-19

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FOR 339 PERMIT FIZ GARME

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MW/DD/YYYY) 10/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AN	IN TH	IF OF	RTIFICATE HOLDER.						
		A MTM	TICKLAL INCHIDED the nolle	cy(les) must hav	e ADDITION	AL INSURED provisions o	r be endorse	a.	
WOUDDOCATION IS WAIVED subject	to th	e teri	ms and conditions of the p	olicy, certain pe	moles may r	equire an endorsement.	Statement	· ·	
this certificate does not confer rights to	tne	ceru	- 1 60	ALACI	*				
PRODUCER Knight-Dik Insurance Agency, Inc.			PHO	NAME: PHONE FAX					
446 Main St 9th Floor			(A/) E-1	C. No. Ext): (508 MAIL DRESS:	1 133-033	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and decrees the second second second		
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Chris Delarda			1	OURER C:					
23 Capron Street				SURER D :		a Cooke (Cod)			
			10000000	INSURER E:					
Uxbridge MA 01569			IN	SURER F :					
COVERAGES CEF	TIFI	CATE	NUMBER: Cert ID 1166:	2		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REMEI TAIN CIES.	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BE	BY THE POLICIE EN REDUCED BY	S DESCRIBED PAID CLAIMS.	HEREIN IS SUBJECT TO	TO KALLIOLY IT	140	
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- CANTO-MODE				***************************************		S	**************************************	**************************************	
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AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			,			EL EACH ACCIDENT \$			
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						] S			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORD	1101, Additional Remarks Schedule, r	nay be attached if mo	re space is requir	ed)			
CERTIFICATE HOLDER			C	ANCELLATION					
Renewal				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				)RE IN	
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